
| | | | |
|-----------------------------|---|------------------------|-------------------------------|
| State: | District of Columbia | Filing Company: | The Hanover Insurance Company |
| TOI/Sub-TOI: | 17.2 Other Liability-Claims Made Only/17.2019 Professional Errors and Omissions Liability | | |
| Product Name: | *A&E- Architects & Engineers | | |
| Project Name/Number: | *A&E- Architects & Engineers/DC154020100003 | | |

Filing at a Glance

| | |
|---------------------------|---|
| Company: | The Hanover Insurance Company |
| Product Name: | *A&E- Architects & Engineers |
| State: | District of Columbia |
| TOI: | 17.2 Other Liability-Claims Made Only |
| Sub-TOI: | 17.2019 Professional Errors and Omissions Liability |
| Filing Type: | Form |
| Date Submitted: | 09/02/2015 |
| SERFF Tr Num: | HNVX-G130229289 |
| SERFF Status: | Assigned |
| State Tr Num: | |
| State Status: | |
| Co Tr Num: | DC154020100003 |
| Effective Date | 11/02/2015 |
| Requested (New): | |
| Effective Date | 11/02/2015 |
| Requested (Renewal): | |
| Author(s): | SPI Hanover |
| Reviewer(s): | Angela King (primary) |
| Disposition Date: | |
| Disposition Status: | |
| Effective Date (New): | |
| Effective Date (Renewal): | |

| | | | |
|-----------------------------|---|------------------------|-------------------------------|
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| TOI/Sub-TOI: | 17.2 Other Liability-Claims Made Only/17.2019 Professional Errors and Omissions Liability | | |
| Product Name: | *A&E- Architects & Engineers | | |
| Project Name/Number: | *A&E- Architects & Engineers/DC154020100003 | | |

General Information

| | |
|--|--|
| Project Name: *A&E- Architects & Engineers | Status of Filing in Domicile: Authorized |
| Project Number: DC154020100003 | Domicile Status Comments: n/a |
| Reference Organization: n/a | Reference Number: n/a |
| Reference Title: | Advisory Org. Circular: |
| Filing Status Changed: 09/02/2015 | |
| State Status Changed: | Deemer Date: |
| Created By: SPI Hanover | Submitted By: SPI Hanover |
| Corresponding Filing Tracking Number: | |

Filing Description:

The Hanover Insurance Group is making an update to its approved Architects and Engineers ("AE") Professional Liability product. We are submitting a new application which incorporates questions from our AE new business application (Form 910-0203 11 12), stylized for ease of use by agent(s) and insureds, providing versatility for agent branding. There is no rate or rule effect.

If there should be any questions regarding this filing submission, please contact our office.

Thank you.

Company and Contact

Filing Contact Information

| | |
|-------------------------------------|---------------------------------|
| Christie Duggan, Compliance Analyst | cduggan@hanover.com |
| 440 Lincoln Street | 508-855-2752 [Phone] 2752 [Ext] |
| Worcester, MA 01605-1396 | 508-926-1864 [FAX] |

Filing Company Information

| | | |
|-------------------------------|-------------------------|------------------------|
| The Hanover Insurance Company | CoCode: 22292 | State of Domicile: New |
| 440 Lincoln Street | Group Code: 88 | Hampshire |
| Worcester, MA 01653 | Group Name: The Hanover | Company Type: |
| (508) 853-7200 ext. [Phone] | Insurance Group | State ID Number: |
| | FEIN Number: 13-5129825 | |

Filing Fees

| | |
|------------------|----|
| Fee Required? | No |
| Retaliatory? | No |
| Fee Explanation: | |

| | | | |
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| TOI/Sub-TOI: | 17.2 Other Liability-Claims Made Only/17.2019 Professional Errors and Omissions Liability | | |
| Product Name: | *A&E- Architects & Engineers | | |
| Project Name/Number: | *A&E- Architects & Engineers/DC154020100003 | | |

Form Schedule

| Item No. | Schedule Item Status | Form Name | Form Number | Edition Date | Form Type | Form Action | Action Specific Data | Readability Score | Attachments |
|----------|----------------------|--|-------------|--------------|-----------|-------------|----------------------|-------------------|--------------------------------------|
| 1 | | AccountOne Application - Architects & Engineers Professional Liability Insurance | 910-0300 | 07 15 | ABE | New | | 0.000 | 910-0300 07 15 AE AccountOne App.PDF |

Form Type Legend:

| | | | |
|------------|--|------------|----------------------------------|
| ABE | Application/Binder/Enrollment | ADV | Advertising |
| BND | Bond | CER | Certificate |
| CNR | Canc/NonRen Notice | DEC | Declarations/Schedule |
| DSC | Disclosure/Notice | END | Endorsement/Amendment/Conditions |
| ERS | Election/Rejection/Supplemental Applications | OTH | Other |

AccountOne Application
Architects & Engineers Professional Liability Insurance

CLAIMS-MADE NOTICE

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

UNDERWRITTEN BY: THE HANOVER INSURANCE COMPANY

APPLICATION INSTRUCTIONS

Whenever used in this Application, the term Applicant shall mean the Named Insured and all predecessors, unless otherwise stated. Please:

1. Type or print (in ink) clearly.
2. Answer all questions completely.
3. If there is insufficient space to complete an answer, continue on a separate sheet on your firm's letterhead and indicate the question number.
4. This form must be completed, signed, and dated by a principal or officer of the firm.

APPLICATION INFORMATION

1. a. Name of Applicant's Practice: (Important: List all active entities for whom coverage is desired):

b. Predecessor Practice Names (or Check ☐ None Apply): _____

c. Firm Type: ☐ Proprietorship, ☐ Corporation, ☐ Partnership, ☐ Other: _____
d. Month/Day/Year Current Firm Established: _____
e. Month/Day/Year of Earliest Predecessor Firm Established (if different than d. above): _____
2. Applicant Contact Information:
 - a. Contact Name/Email: _____
 - b. Firm Phone/Fax #: _____
 - c. Mailing Address _____
 - d. City/State/Zip Code: _____
 - e. County _____
 - f. Firm Website _____

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3. Indicate the number of professionals in each category:

| Type of Professional | Architects | Engineers | Land Surveyors | Landscape Architects | All Others | Total |
|---|------------|-----------|----------------|----------------------|------------|-------|
| a. Principals/Partners, Officers/Directors: | | | | | | |
| b. Other Licensed Professionals: | | | | | | |
| c. Non-Licensed Professionals: | | | | | | |

Other Support Staff: _____

4. List Applicant's Professional Organization Memberships: _____

5. What percentage of the Applicant's licensed professionals have obtained six (6) or more hours of continuing education risk management credits during the past fiscal year? _____%

Check the boxes that apply to the source of past fiscal year continuing education activities:

- ☐ Insurance Broker
 ☐ Insurance Carrier
 ☐ Self Study
 ☐ In House Resources
☐ Design Professional Society

NOTE: FOR NEWLY FORMED FIRMS, USE ESTIMATED NEXT 12 MONTHS VERSUS PAST YEAR TO ANSWER QUESTIONS IN THE REMAINDER OF THE APPLICATION.

6. Professional Services: Indicate percentage of professional services rendered in-house by the Applicant, by past fiscal year percentage of billings (percentages must equal 100%):

| | | | |
|---|--|---|---------------------------------|
| ____% Acoustical Engineering | ____% Electrical Engineer | ____% Geotechnical/Soils Engineer | ____% Structural Engineer |
| ____% Architect | ____% Environmental Engineer/Consultant | ____% HVAC Engineer | ____% Testing Lab |
| ____% Civil Engineer | | ____% Interior Design (Non-Structural Design) | ____% Traffic Engineer |
| ____% Construction Manager Agency: ____% At Risk: ____% | ____% Forensic/Expert Witness (specify discipline below) _____ | ____% Land Surveyor | ____% Other (describe) _____ |
| | | ____% Landscape Architect | ____% Other (describe) _____ |
| | | ____% Mechanical Engineer | ____% Other (describe) _____ |
| | | ____% Process Engineer | ____% Other (describe) _____ |

Describe Services Performed (Optional):

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7. List Applicant Fiscal Year Billings:

| | | | |
|--|---------------------------------------|--|---|
| | Immediate Past Fiscal Year | Projected for Current Fiscal Year | Projected for Next Fiscal Year |
| Dates: e.g. MM/DD/YYYY From _____ | | | |
| To _____ | | | |

| TOTAL OPERATIONS | Total Gross Billings | Total Gross Billings | Total Gross Billings |
|---|----------------------|----------------------|----------------------|
| a. Joint Venture Projects Applicant's Portion Only | \$ | \$ | \$ |
| b. Projects Insured Under Separate Project Policies (Provide Copy of Declarations Page Including ERP, if applicable) | \$ | \$ | \$ |
| c. Contracts solely for Feasibility Studies, Master Plans or Space Planning | \$ | \$ | \$ |
| d. Permanently Abandoned Projects | \$ | \$ | \$ |
| e. Direct Reimbursables (e.g. travel per diem, etc.) | \$ | \$ | \$ |
| f. Billings Paid to Sub-consultants | \$ | \$ | \$ |
| g. All Other Billings | \$ | \$ | \$ |
| TOTAL BILLINGS (a. through g.) | \$ | \$ | \$ |

h. Provide gross billings for each of the past five (5) years (excluding years shown above).

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 (20__) (20__) (20__) (20__) (20__)

i. Applicant's Use of Sub-consultants in the past year: N/A ☐

1) Indicate type of professional services performed by sub-consultants: _____

2) Percentage of sub-consultants that Applicant obtains evidence of professional liability insurance: _____%

j. Does the Applicant currently, or within the past three (3) years, render any professional services on projects located outside of the U.S.A.? ☐ Yes* ☐ No

* If "yes", indicate

1) Percentage of past fiscal year billings from foreign projects _____

2) List of project locations _____

3) Estimated construction values: _____

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8. Contracts: Please provide percentages, to equal 100%:

- | | |
|---|-------------------------------------|
| a. Professional Assoc. Contract: _____% | d. Client Drafted Agreement: _____% |
| b. Applicant's Standard Agreement: _____% | e. Purchase Order: _____% |
| c. Applicant's Letter Agreement: _____% | f. Verbal Agreement: _____% |

9. Scope of Services (please provide percentages, to equal 100%). Or check N/A, if not applicable: N/A ☐

| | |
|---|--|
| % | Feasibility studies, opinions, forensic, expert witness, or reports that will not result in construction. |
| % | Surveys, resulting in construction. |
| % | Design only, with no construction phase services. |
| % | Design with responsibility for periodic observation during the construction phase to ensure design compliance. |
| % | Design with responsibility for wholly or partly supervising the contractor. |
| % | Construction phase services without responsibility for preparing the drawings and specifications. |

10. Project Type:

List percentage of professional services by project type according to the percentage that is applicable to the past fiscal year billings (percentages must equal 100%).

| | | |
|---|----------------------------------|--|
| Airports ____% Runways / Taxiways ____% Terminals | ____% *Industrial/Manufacturing | ____% All Other Recreational |
| ____% Amusement Parks | ____% Jails/Prisons | ____% Refineries, Chemical Plants |
| ____% Apartments | ____% Library/Museums | ____% Religious |
| ____% *Bridges/Tunnels/Dams (specify size & type) _____ | ____% Marine (describe) _____ | Residential ____% Custom Single-Family Home ____% Subdivision/Tract Home |
| Commercial Building ____% (Under 50,000 Sq. Ft) ____% (50,000 Sq. Ft or Greater) | ____% *Mass Transit | ____% Storm Water Systems |
| ____% Condominiums /Townhomes | ____% Offices | ____% Warehouses |
| ____% Educational | ____% Parking Garages | ____% Water / Sewer Pipelines |
| Environmental Testing ____% (Phase I Studies/Reports) ____% (Phase II Studies/Reports) ____% (Other Studies Reports) | ____% Pipelines | ____% Water / Waste Treatment |
| ____% Highways/Roads | ____% Potable Water Systems | ____% Other (describe) _____ |
| ____% Hospitals/Healthcare | ____% Power Plants | ____% Other (describe) _____ |

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| | | |
|--|--|--|
| Hotels/Motels ____% (Up to 15 story) ____% (Over 15 Story) | Recreational ____% Parks/Golf Courses ____% Swimming Pools ____% Stadium/Arena/Convention Centers ____% Water Slides | ____% Other (describe) _____ _____ |
|--|--|--|

For the past fiscal year, list the type of project and description of such project (Optional):

11. Ownership of Project (please provide percentage, to equal 100%):

| Clients Must Total 100% | |
|--|-------------|
| Contractors and/or Design-Builders | % |
| Insurance Companies | % |
| Federal, State or Local Government | % |
| Industrial (Manufacturing Process, etc.) | % |
| Lending Institutions | % |
| Design Professionals | % |
| Owners Acting as Own Builder | % |
| Private Clients/ Businesses | % |
| Real Estate Developers | % |
| Other (specify): | % |
| | 100% |

12. Clients: List according to the percentage that is applicable to past fiscal year billings:

- a. Indicate the percentage of billings from repeat clients: _____%
- b. Was more than 50% of the billings from a single client or project/contract: ☐ Yes* ☐ No

* If "yes", list (1) name client/project, (2) percentage of billings and (3) services performed: _____

13. Special Activities:

Is the Applicant or any subsidiary/parent/other organization related to the Applicant, engaged in:

- a. Actual construction, fabrication, or erection: ☐ Yes* ☐ No
- b. Responsibility for construction means, methods, techniques, procedures, or job site safety (including Applicant's sub-consultants): ☐ Yes* ☐ No
- c. Design/build projects as prime ☐ Yes* ☐ No
- d. Hiring construction contractors, or construction sub-contractors: ☐ Yes* ☐ No
- e. Manufacture/sale/leasing/distribution of any product, process or patented production process: ☐ Yes* ☐ No
- f. Development, sale, or leasing of computer software to others: ☐ Yes* ☐ No
- g. Real estate development: ☐ Yes* ☐ No

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- h. Services for any entity where a principal of the Applicant or family member is an officer, manager, or owner: ☐ Yes* ☐ No

* If "yes" applies, provide details on a separate attachment to the application, including (1) description of services performed, (2) construction values, (3) professional service billings, and (4) attach a Sample contract

- i. Equity interest projects? ☐ Yes* ☐ No

* If "yes" applies, complete the Equity Interest Supplemental Application ☐ App Request Attached

14. Is the Applicant controlled/owned/associated with, or does the Applicant control/own any other firm/corporation/company? ☐ Yes* ☐ No

*If "yes" provide details, including (1) percentage of services performed for a related entity, and (2) provide evidence of insurance that currently applies for such related entity. ☐ Attached

15. Within the past five (5) years has the Applicant's professional liability insurance policy been cancelled or non-renewed? **(Not Applicable in Missouri)** ☐ Yes* ☐ No

* If "yes", provide details: _____

16. Does the Applicant currently have Architect & Engineer Professional Liability coverage in effect? ☐ Yes* ☐ No

* If "yes", answer the following questions:

a. Name of insurance company: _____

b. Policy limit, deductible, and annual premium: _____

c. Policy expiration date: _____

d. Policy retroactive (aka prior acts) coverage date: _____

17. Does the Applicant currently have Commercial General Liability coverage in effect? ☐ Yes* ☐ No

* If "yes", answer the following questions:

a. Name of insurance company: _____

b. Policy limit, deductible, and annual premium: _____

c. Policy expiration date: _____

18. During the past 5 years, or earlier if still pending, has any suit ever been filed, or any claim otherwise made, against the Applicant or the Applicant's predecessors in business, or any of the past or present partners, owners, officers or employees, or against any person, firm, or entity on whose behalf the Applicant has assumed liability?

☐ Yes* ☐ No

19. Is the Applicant, after inquiry of each person or entity proposed for insurance, aware of any facts, circumstances, incidents, situations, or accidents (including, but not limited to: faulty or defective workmanship, product failure, construction dispute, fee dispute, roof failure or leakage, construction worker injury or construction delays) that may give rise to a claim, whether valid or not, which might directly or indirectly involve the Applicant?

☐ Yes* ☐ No

20. Is the Applicant, after inquiry of each person or entity proposed for insurance, aware of any fee disputes (including fees being withheld, late payments, or fees uncollected) or has any legal action been instituted by the Applicant or others in regards to such fee disputes?

☐ Yes* ☐ No

21. In addition to Questions 18, 19, & 20, has the Applicant, or any predecessors in business, or any of the past or present partners, officers, owners, or employees, or any person, firm, or entity on whose behalf the Applicant has assumed liability, ever reported to any professional liability carrier any fact, circumstance, incident, situation, or accident that was not a suit or otherwise a claim at the time of reporting?

☐ Yes* ☐ No

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* SPECIAL NOTE: If the answer to any of the above questions is "yes", provide full details by separate attachment to the application form. Report knowledge of all such incidents to the Applicant's current carrier, prior to policy expiration. The policy of insurance being applied for will not respond to incidents about which the Applicant had knowledge prior to the effective date of the policy nor will coverage apply to any claim or potential claim identified or that should have been identified in questions 18, 19, 20, or 21 of this application.

22. a. Project Size—List by construction value, for projects in the past twelve (12) months.

(Provide percentages, to equal 100%):

- | | | |
|------------------------|-------------------------|-------------------------|
| 1) _____% < \$500K | 2) _____% > \$500K-\$1M | 3) _____% > \$1M-\$5M |
| 4) _____% > \$5M-\$10M | 5) _____% > \$10M-\$25M | 6) _____% > \$25M-\$50M |

- b. Largest Projects—Provide the following on the Applicant's five (5) largest current or most recently completed projects:

1. Project #1:

- | | |
|-----------------------------------|----------|
| a. Project Name/Location: | _____ |
| b. Client/Project Owner: | _____ |
| c. Project Type: | _____ |
| d. Professional Services: | _____ |
| e. Billings (Current Year Total): | \$ _____ |
| f. Construction Value: | \$ _____ |
| g. Start Date/End Date: | _____ |

2. Project #2:

- | | |
|-----------------------------------|----------|
| a. Project Name/Location: | _____ |
| b. Client/Project Owner: | _____ |
| c. Project Type: | _____ |
| d. Professional Services: | _____ |
| e. Billings (Current Year Total): | \$ _____ |
| f. Construction Value: | \$ _____ |
| g. Start Date/End Date: | _____ |

3. Project #3:

- | | |
|-----------------------------------|----------|
| a. Project Name/Location: | _____ |
| b. Client/Project Owner: | _____ |
| c. Project Type: | _____ |
| d. Professional Services: | _____ |
| e. Billings (Current Year Total): | \$ _____ |
| f. Construction Value: | \$ _____ |
| g. Start Date/End Date: | _____ |

4. Project #4:

- | | |
|---------------------------|-------|
| a. Project Name/Location: | _____ |
| b. Client/Project Owner: | _____ |

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- | | | |
|-------------|--------------------------------|----------|
| c. | Project Type: | _____ |
| d. | Professional Services: | _____ |
| e. | Billings (Current Year Total): | \$ _____ |
| f. | Construction Value: | \$ _____ |
| g. | Start Date/End Date: | _____ |
| | | |
| Project #5: | | |
| a. | Project Name/Location: | _____ |
| | | _____ |
| b. | Client/Project Owner: | _____ |
| | | _____ |
| | | _____ |
| c. | Project Type: | _____ |
| d. | Professional Services: | _____ |
| e. | Billings (Current Year Total): | \$ _____ |
| f. | Construction Value: | \$ _____ |
| g. | Start Date/End Date: | _____ |

Additional Information: Use As Needed to Expand Upon Replies to Application Questions

[illegible]

DECLARATIONS AND NOTICE

The undersigned, acting on behalf of all Applicants, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and that they are material and are the basis for issuance of the insurance policy provided by us.

The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with us.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicant's Organization between the date of this Application and the policy inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us as soon as practicable;
- Any policy issued, will be in reliance upon the truthfulness of the information provided in this Application; provided,

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however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the policy inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied or canceled if such information was material to issuance of the policy. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the policy inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied or canceled if such information was material to issuance of the policy;

- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this Application does not bind the undersigned to purchase insurance.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to, or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly

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provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Signature of Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner

Print Name

Month/Day/Year Signed

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

Produced By: Agent: _____ Agency: _____

Agency Taxpayer ID No.: _____ Agent License No.: _____

Address (Street, City, State, Zip): _____

Agency Telephone No.: _____ Agency Fax No.: _____

Agency Email: _____

Agent's Signature: _____

| | | | |
|-----------------------------|---|------------------------|-------------------------------|
| State: | District of Columbia | Filing Company: | The Hanover Insurance Company |
| TOI/Sub-TOI: | 17.2 Other Liability-Claims Made Only/17.2019 Professional Errors and Omissions Liability | | |
| Product Name: | *A&E- Architects & Engineers | | |
| Project Name/Number: | *A&E- Architects & Engineers/DC154020100003 | | |

Supporting Document Schedules

| | |
|-------------------------|-------------------------|
| Bypassed - Item: | Readability Certificate |
| Bypass Reason: | N/A |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|--------------------------------------|
| Bypassed - Item: | Consulting Authorization |
| Bypass Reason: | N/A - We are not third party filers. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|-------------------------|
| Bypassed - Item: | Copy of Trust Agreement |
| Bypass Reason: | N/A |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|---|
| Bypassed - Item: | Expedited SERFF Filing Transmittal Form |
| Bypass Reason: | N/A |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|---------------------------------------|
| Satisfied - Item: | Explanatory Memorandum |
| Comments: | |
| Attachment(s): | FormFilingMemoAE App AcctOne 2015.PDF |
| Item Status: | |
| Status Date: | |

The Hanover Insurance Group
Architects and Engineers Professional Liability Insurance
Form Filing Memorandum

We are making an update to our approved Hanover Architects and Engineers Professional Liability ("AE") product. In this update, we are submitting a new application which incorporates questions from our AE new business application (form 910-0203 11 12) stylized for ease of use by agent(s) and insureds providing versatility for agent branding. This application is being submitted to fit a business need at the request of our agents. There is no rate or rule effect associated with this filing.

910-0300 AccountOne Application